



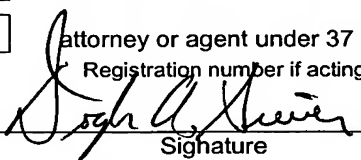
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) PF168P3	
Application Number 10/070,532-Conf. #5548		Filed	March 7, 2002
For Human Neuropeptide Receptor			
Art Unit 1647		Examiner C. J. Nichols	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$420.00	\$210.00	\$ 420.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$950.00	\$475.00	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,480.00	\$740.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,010.00	\$1,005.00	\$

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3425. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ attorney or agent of record. Registration Number 47,088
☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

 _____
Signature Date
Doyle A. Siever _____
Typed or printed name Telephone Number
(301) 354-3932

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.



*** Please note request to charge additional fees during the pendency of the application.

IN LIEU OF PTO/SB/17 (10-03)

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																																																			
<div style="display: flex; align-items: center;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div style="display: flex; justify-content: space-between;"><div>TOTAL AMOUNT OF PAYMENT</div><div>(\$) 420.00</div></div>		Application Number	10/070,532-Conf. #5548																																																																																																																																																																																		
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		First Named Inventor	Daniel R. Soppet																																																																																																																																																																																		
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<div style="display: flex; align-items: flex-start;"><div style="flex: 1;"><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check</div><div><input type="checkbox"/> Credit Card</div><div><input type="checkbox"/> Money Order</div><div><input type="checkbox"/> Other</div><div><input type="checkbox"/> None</div></div><div><input checked="" type="checkbox"/> Deposit Account: <div style="border: 1px solid black; padding: 2px; margin: 2px;">08-3425</div><div style="border: 1px solid black; padding: 2px; margin: 2px;">Human Genome Sciences, Inc.</div></div></div><div style="flex: 1; font-size: small;"><p>The Director is authorized to: (check all that apply)</p><div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div><div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</div><div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div></div><div><input checked="" type="checkbox"/> *** Charge any additional fee(s) during the pendency of the application</div></div></div>		3. ADDITIONAL FEES																																																																																																																																																																																			
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